



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400002

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAROLD N. KEITH POST AM.LEG. POST #204 INC.

DOING BUSINESS A

ADDRESS 159 HARTWELL ST.

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: MICHAEL D.  
MOORE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HALL ON FIRST FLOOR, CELLAR USED AS MEMBERS LOUNGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400004

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WACHUSETT INC.

DOING BUSINESS AS WACHUSETT COUNTRY CLUB

ADDRESS 187 PROSPECT ST.

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: MARRONE,  
DONALD J. JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS-CELLAR FOR STOCK FIRST FLOOR NINE ROOMS SECOND FLOOR EIGHT ROOMS, 3RD FLOOR THREE ROOMS STAND 15TH GREEN & 7TH TEE AND 3500 SQ. FT OUTSIDE DECK WITH RESTRICTIONS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400006

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FYNDERS, INC.

DOING BUSINESS AS

ADDRESS 171 WEST BOYLSTON ST

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: MCCORMICK,  
KATHLEEN A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY WOOD FRAME BLDG. APPROX 4550 SQ. FT. MAIN 1ST FL. LEVEL INCLUDES 6 RMS FOR SERVICE OF FOOD, BEVERAGES (ALCOHOLIC) & ADDITIONAL AREAS COMPRISING OF KITCHEN FACILITIES, STORAGE AREAS & ACCESSIBLE TOILETS. OUTSIDE DECK OF 80 SQ. FT. EXITS ON MAIN LEVEL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400008

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEVEN PASKALIS

DOING BUSINESS AS STEVE'S PIZZARIA

ADDRESS 341 WEST BOYLSTON ST

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING-FIRST FLOOR MAIN EATING ROOM BACK ROOM FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400011

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: W BOYLSTON PKG STORE CO

DOING BUSINESS A

ADDRESS 293 W BOYLSTON ST

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: MEOLA, LISA M.J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING-THREE ROOMS AND A CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400013

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEOY LEE'S GALLEY II

DOING BUSINESS AS

ADDRESS RT 12 STERLING ST.

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: YANG, QIOA QIN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO LEVEL REST. WITH KITCHEN, DINING ROOM, OUTSIDE DECK, AND LOUNGE ,  
DINING ROOM ON SECOND LEVEL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400017

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KITSTA CORPORATION

DOING BUSINESS AS THE MANOR RESTAURANT & LOUNGE

ADDRESS 42 WEST BOYLSTON STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: Fotiadis,  
Antonios

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS ON FIRST FLOOR. COCKTAIL LOUNGE ON LOWER LEVEL. SERVICE BAR ON THE FIRST FLOOR AND CELLAR FOR STORAGE. OUTSIDE LOUNGE AREA. FIRST LEVEL ALSO INCLUDES A BANQUET FACILITY APPROX. 6,282 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400018

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEBO SEAFOOD, INC.

DOING BUSINESS AS WEST BOYLSTON SEAFOOD

ADDRESS 321 WEST BOYLSTON STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: WYKA, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

40 SEAT SEAFOOD RESTAURANT AND A RETAIL FISH MKT/ CUSTOMER DOORS ON THE  
SOUTH AND EAST SIDES OF THE BUILDING AND LOADING DOCK AND BULKHEAD ON  
THE NORTH SIDE OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400019

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PINECROFT, INC

DOING BUSINESS AS PINECROFT RESTAURANT

ADDRESS 539 PROSPECT ST

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: PEARSON, ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE DINING ROOM, RESTROOMS TO RIGHT. THREE EMERGENCY EXITS IN FRONT  
& ONE EMPLOYEE ENTRANCE/EXIT IN BACK. KITCHEN FULL BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400021

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KEEPERS, INC.

DOING BUSINESS AS

ADDRESS 175 WEST BOYLSTON STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: MC CORMICK,  
KEVIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY FRAME & CONCRETE BLDG. WITH APPROX. 3, 515 SQ. FT. FOR DINING,  
BAR STORAGE, KITCHEN, HANDICAPPED ACCESSIBLE BATHROOMS. ENTRANCE ON THE  
SOUTH SIDE WITH SECONF EXIT ON NORTH SIDE AND SMOKING DECK ON THE SOUTH  
SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400022

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M & T HOSPITALITY GROUP LLC

DOING BUSINESS AS THE MILL

ADDRESS 185 WEST BOYLSTON STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: WHITE, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOODEN STRUCTURE WITH FULL BASEMENT, KITCHEN IN REAR,  
CIRCULAR BAR IN MAIN ROOM...TWO EXIT/ENTRANCES FOR PATRONS, ONE  
EXIT/ENTRANCE KITCHEN...SLIDER TO DECK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400023

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLI'S ITALIAN EATERY LLC

DOING BUSINESS AS

ADDRESS 339 BOYLSTON STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: OLIVERI, JON M. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

PREMISES CONTAINS APPROX. 3000 SQ FT AND IS LOCATED AT 339 WEST BOYLSTON STREET IN WEST BOYLSTON...AREAS INCLUDE KITCHEN, STORAGE ROOM, OFFICE RESTROOMS AND DINING ROOM FOR APPROX. 60...PREMISES CONTAINS 5 ENTRANCES/EXITS ALTHOUGH ONLY 4 WILL BE USED...ONE EXIT IN FRONT OF PREMISES, ONE ON THE SIDE AND TWO IN THE REAR...THE DINING AREA HAS WINDOWS ALONG WHICH IT IS ANTICIPATED THAT DINERS COULD SIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400024

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAUCHER AND MASSON INC.

DOING BUSINESS AS WACHUSETT WINE AND SPIRITS

ADDRESS 184 WEST BOYLSTON

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: FAUCHER,  
CHARLES R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60X100 FIRST FLOOR RETAIL SPACE, REAR STOCK ROOM, OFFICE, ONE FRONT  
ENTRANCE, REAR EXIT AND LOADING DOCK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400025

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTRAL STREET MARKET, LLC

DOING BUSINESS AS CENTRAL STREET MARKET

ADDRESS 76 CENTRAL STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: DEANGELIS,  
JOHN R.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

APPROX. 800 SQ. FT. OF RETAIL SELLING SPACE IN AN EXISTING MEAT MARKET THAT CURRENTLY SELLS MEAT, DELI, PRODUCE, DAIRY AND GROCERIES INCLUDING 20 FT OF MEAT/DELI CASE AND FOUR DAIRY DOORS. THERE IS ONE CUSTOMER ENTRANCE, AN EMPLOYEE ENTRANCE AND A RECEIVING ENTRANCE. THERE IS ANOTHER 800 SQ.FT. OF FOOD PREP AND COOLER AREAS NOT OPENED TO THE PUBLIC

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 136400026

CITY OR TOWN WEST BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIKE KORSAK'S PLACE LLC

DOING BUSINESS A MIKE'S PLACE

ADDRESS 27 STERLING STREET

CITY/TOWN: WEST BOYLSTON

STATE: MA

ZIP CODE: 01583

MANAGER: KORSAK,  
MICHAEL G.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BUILDING WITH FRONT ENTRANCE FACING STERLING STREET, ONE SIDE  
ENTRANCE FACING PARKING LOT AND ONE BACK ENTRANCE FACING BACK OF THE  
BUILDING, 1250 SQ.FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)